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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/589.532	11/06/2006	Michael Noble	620-452	8708

TITLE OF INVENTION: DEVICES AND METHODS FOR MEASURING CLINICALLY RELEVANT ANALYTES IN FLUIDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/12/2009
EXAMINER ART UNIT		CLASS-SUBCLASS	05/13/2009 DE	MANU2 00000049 10:	589532	
GAWORECI	KI, MARK R	2884	600-347000	91 FC:1501 92 FC:1504		1510.00 OP 300.00 OP
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternation (2) the name of a single registered attorney or a	3 registered patent attorn	per a 2	30.00 OP VANDERHYE P.C.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PA CONSULTING SERVICES LTD.  LONDON, GREATER LONDON, UNITED KINGDOM						

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O	N THE PATENT (print or type)
PLEASE NOTE: Unless an assignce is identified below, no assign recordation as set forth in 37 CFR 3.11. Completion of this form is i	nce data will appear on the patent. If an assignee is identified below, the document has been filed for NOT a substitute for filing an assignment.
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4a. The following fec(s) are submitted:  3 Issue Fee  4 Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☑ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).</li> </ul>
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \]  NOTE: The Issue Fee and Publication Fee (if required) will not be acce	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  pted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in ark Office.
Authorized Signature Mary J. Wilson	Date <u>May 12, 2009</u> Registration No. <u>32,955</u>

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